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APPLICANTS

John Imperante, Somerville, NJ;
 Anthony J. O'Lenick JR., Dacula, GA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 12/04/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY NJ	SHEETS DRAWING	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
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Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS
 A.J. O'Lenick, Jr.
 2170 Luke Edwards Road
 Dacula, GA
 30019

TITLE
 Alkoxyated mono alkyl glyceryl ester phosphobetaine compounds

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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